PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10652320

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	15	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	15 minus 20=	* —
INDEPENDENT CLAIMS	1 minus 3 =	* —
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐ **OR** **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	750

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐

SMALL ENTITY **OR** **OTHER THAN SMALL ENTITY**

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
   The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Formality Review Claims Count Sheet

Date: ___/___/___

Case No.	As filed Ind.	As filed Dep.	No.	As filed Ind.	As filed Dep.	No.	As filed Ind.	As filed Dep.	No.	As filed Ind.	As filed Dep.	No.	As filed Ind.	As filed Dep.
1			41			81			121			161		
2			42			82			122			162		
3			43			83			123			163		
4			44			84			124			164		
5			45			85			125			165		
6			46			86			126			166		
7			47			87			127			167		
8			48			88			128			168		
9			49			89			129			169		
10			50			90			130			170		
11			51			91			131			171		
12			52			92			132			172		
13			53			93			133			173		
14			54			94			134			174		
15			55			95			135			175		
16			56			96			136			176		
17			57			97			137			177		
18			58			98			138			178		
19			59			99			139			179		
20			60			100			140			180		
21			61			101			141			181		
22			62			102			142			182		
23			63			103			143			183		
24			64			104			144			184		
25			65			105			145			185		
26			66			106			146			186		
27			67			107			147			187		
28			68			108			148			188		
29			69			109			149			189		
30			70			110			150			190		
31			71			111			151			191		
32			72			112			152			192		
33			73			113			153			193		
34			74			114			154			194		
35			75			115			155			195		
36			76			116			156			196		
37			77			117			157			197		
38			78			118			158			198		
39			79			119			159			199		
40			80			120			160			200		

T. Ind.	1
T. Dep	14
Total	15

T. Ind.	
T. Dep	
Total	

T. Ind.	
T. Dep	
Total	

T. Ind.	
T. Dep	
Total	

T. Ind.	
T. Dep	
Total	